

# Provider and Instructor Course Materials Order Form

Commission Use Only	
Items picked up/ mailed:	_____
Test Range:	_____
	Key #: _____

Certified Providers and Instructors will receive an invoice with the order. Items may be ordered via email, fax, or mail and may either be picked up at our office or mailed. **Effective April 3, 2006, IREC will no longer accept phone orders for course materials. All order requests require 24 hour advance notice.**

Fax: (208) 334-2050  
Email: [Jesama.rosensweig@irec.idaho.gov](mailto:Jesama.rosensweig@irec.idaho.gov)

Mailing Address: Idaho Real Estate Commission  
Attention: Jesama Rosensweig  
PO Box 83720  
Boise ID 83720-0077

PART A: Material Requested		Cost	Quantity	Extd. Cost
2006 License Law & Rules Book		\$1.90		
Agency Law In Idaho Brochure (25/pkg) (Revision July 2004)	Spanish <input type="checkbox"/>	1-4 pkg \$6.00 ea		
	English <input type="checkbox"/>	5-9 pkg \$4.50 ea		
		10+ pkg \$3.00 ea		
Business Conduct & Office Operations <i>correspondence course</i> (No tax)		\$20.00		
C2006 Continuing Education Core Course Tape <u>purchase</u> (Includes 1 copy of outline, but does not include an exam)	VHS	\$60.00		
	Audio Tape	\$60.00		
	Audio CD	\$60.00		
	Video DVD	\$60.00		
	Addl Outline	\$5.00		
New License Packet (Each packet includes a Candidate Handbook)		Free		
Guidelines: Guideline Number & Title _____		Free		
Investigative & Hearing Process Brochure		Free		
License Manual		Free		
<i>The Real Estatement</i> (indicate month & year)		Free		
Education Exams (Includes a scoring key. Please return all exams to the Commission. <b>No copies of exams should be made by Providers or Instructors.</b> )		Free		
Name of exam: _____				
Exam number (i.e. Exam 1, Exam 2, or no preference): _____				
Do you need answer sheets for the students? (Please circle one)      yes      no				
<b>Part B: Pick Up Information</b>				
To <b><u>pick up</u></b> your order at the Idaho Real Estate Commission located at 633 N. 4 <sup>th</sup> Street in Boise, Idaho, please fill out the following:			Subtotal	
Name of person picking up order: _____				
Provider/Instructor the items are going to: _____			Add 5% Sales Tax	
Phone number or email address of person ordering: _____				
To have your order <b><u>mailed</u></b> , please fill out the following:			Total	
Name: _____				
Business Name: _____				
Address: _____				
City, State, Zip: _____				
Phone number or email of person ordering: _____				
		If your organization is tax exempt, you must include a copy of your tax-exempt form.		